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CONFIRMATION NO. 3550

SERIAL NUMBER 10/518,214	FILING OR 371(c) DATE 12/16/2004 RULE	CLASS 514	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. H1089/20024
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** CONTINUING DATA ***** This application is a 371 of PCT/IN03/00251 07/25/2003				
** FOREIGN APPLICATIONS ***** <div style="text-align: center;">** SMALL ENTITY **</div>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY INDIA	SHEETS DRAWING 3	TOTAL CLAIMS 18
			INDEPENDENT CLAIMS 5	
ADDRESS 03000				
TITLE Aripiprazole crystalline forms				
FILING FEE RECEIVED 650	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	